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PTO/SB/50 (4/98)  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No.	02900.0004/P043
First Named Inventor	Plate, John R.
Original Patent Number	5,639,119
Original Patent Issue Date (Month/Day/Year)	June 17, 1997
Express Mail Label No.	

APPLICATION FOR REISSUE OF:  
(check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS

### ACCOMPANYING APPLICATION PARTS

1. ☒ \* Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☐ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- ☐ Original U.S. Patent
- ☐ Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)
- or ☐ Ribboned Original Patent Grant
- ☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?  
☒ Yes ☐ No
- (If Yes, check applicable box(es))
- ☒ Written Consent of all Assignees (PTO/SB/53 or 54)
- ☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

7. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
10. ☐ \* Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
11. ☐ Preliminary Amendment
12. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ Other: .....

\* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.17). EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS REUSED UPON (PT. C.F.R. § 1.28).

### 14. CORRESPONDENCE ADDRESS

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or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

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33,082

Signature

*Mark Thompson*

Date

June 17, 1999

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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>	Docket Number (Optional) 02900.0004/P043
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Claims as Filed - Part 1								
Claims In Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 19	Total Claims (37 CFR 1.16(j))	(B) 33	**** 14 =	x \$	=	or	x \$	=
(C) 4	Independent Claims (37 CFR 1.16(i))	(D) 7	• 3 =	x \$	=		x \$	=
Basic Fee (37 CFR 1.16(h))					\$		\$ 760.00	
Total Filing Fee					\$		OR	\$ 760.00

Claims as Amended - Part 2								
Total Claims (37 CFR 1.16(j))	(1) Claims Remaining After Amendment	MINUS	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
	***	MINUS	**	=	x \$	=	or	x \$
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$
Total Additional Fee					\$		OR	\$

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  
 \*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  
 \*\*\* After any cancellation of claims  
 \*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).  
 \*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
 A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 04-1073.  
 A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 760.00 to cover the filing / additional fee is enclosed.

June 17, 1999  
 Date



Signature of Applicant, Attorney or Agent of Record

Mark J. Thronson #33,082

Typed or printed name